

STATE BOARD OF MASSAGE THERAPY

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APPLICATION FOR PROVIDER COURSE APPROVAL OF MASSAGE THERAPY CONTINUING EDUCATION

You **DO NOT** need to submit an application for further approval if you are a preapproved provider. Continuing education courses offered by preapproved providers will be accepted provided the course offered is designed to advance the licensee's professional knowledge and skills related to the practice of massage therapy. The Board reserves the right to reject a continuing education course if the course is outside the scope of practice of massage therapy as defined in the act.

The following continuing education providers are approved to offer creditable continuing education provided they comply with §20.33 (a), (c) and (d) of the Board's regulations:

1. Schools of massage therapy in this Commonwealth operating under section 5(a)(3) of the act (63 P.S. § 627.5(a)(3)).
2. Schools of massage therapy approved by the Board or accredited by a National accrediting agency recognized by the United States Department of Education.
3. The American Massage Therapy Association and its state chapters.
4. NCBTMB-approved providers.
5. Associated Bodywork and Massage Professionals.

STANDARDS FOR COURSES AND PROGRAMS:

- Continuing education must be designed to advance the licensee's professional knowledge and skills related to the practice of massage therapy as defined in Section 2 of the Act (63 P.S. § 627.2). **No credit will be given for courses in office management or practice building.**
- Continuing education must meet the requirements for Board approval set forth in the regulations at §20.32 and §20.33 of the Board's regulations.
- One (1) hour of continuing education equals a 50 to 60 minute period of instruction related to the practice of massage therapy.
- Contact hours must be in the physical presence of an instructor or supervisor.
- All course approvals are valid for the 2 year biennial period, from the date the course is first given for credit, provided the faculty and learning objectives are unchanged. If you have additional dates, they can all be included at time of initial request or you will have to submit a written request of the additional dates with a letter stating nothing in the course has changed. All Pennsylvania provider course approvals expire January 31 of each odd numbered year.

INSTRUCTIONS:

1. The application must be submitted at least 90 days prior to the date of the course(s) but no later than 90 days before the end of the biennial renewal period.
2. The application must be **typed or printed legibly only**. All questions must be answered completely or the application may be denied.
3. FEE: \$100.00 check or money order payable to "Commonwealth of PA". The fee is not refundable. A processing fee will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.
4. Submit a course outline AND detailed course description, with specific learning objectives, including hourly schedule, procedure for determining licensee's perceptions of the extent to which the objectives have been met, and list of instructors' names, titles, affiliations, degrees and curriculum vitae/resume.
5. Submit a sample of the **Certificates of Completion** to be issued to each attendee. The sample must contain the name of the provider, title of course, date of course, and spaces for inclusion of the name of the attendee, the number of hours completed, signature of person verifying completion and a space entitled "PA Board Approval Number: _____" (This notation is not required of the preapproved providers noted above). The Board approval number will be sent by the Board with the approval notification.

IT IS YOUR RESPONSIBILITY TO MAINTAIN A COPY OF THIS APPLICATION AND ALL DOCUMENTS SUBMITTED TO THE BOARD OR RECEIVED FROM THE BOARD FOR YOUR FUTURE REFERENCE.

APPLICATION FOR PROVIDER COURSE APPROVAL OF MASSAGE THERAPY CONTINUING EDUCATION

1. _____
Name of Provider (agency, organization, institution, or center)

Principal Contact Person
2. _____
Address _____ City _____ State _____ Zip _____
()
3. _____
Telephone number
4. _____
Email address

Provide the following:

5. Statement of purpose of provider: _____

6. _____
Name of course

Date(s) of course

Location of course

Name(s) of Instructor(s)

Instructor(s) Qualifications

Hour(s) requested
Course is administered via _____
(Check applicable)→
☐ In-person instructor /speaker
☐ Correspondence (written material)
☐ Individual study (includes online)

7. Describe the learning objectives for course.

8. Describe the procedure for determining licensee's perceptions of the extent to which the objectives have been met.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa.C.S. §4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Applicant: _____ Date: _____

OFFICIAL BOARD USE ONLY

Provider Number _____
Board member reviewing _____
Date approved _____
Date disapproved and reason _____
